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1981

# Hamilton-Wentworth Regional Board of Health

## Annual Report 1981







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# THE HAMILTON-WENTWORTH REGIONAL BOARD OF HEALTH



Left to Right: Don Elder Secretary Treasurer, Councilor Paul Cowell, Councilor Jim McDonald, Mrs. Janet Farley, Councilor Pat Valeriano, Mrs. Joan McCluskey, Councilor Paul Drage, Dr. A.I. Cunningham, Medical Officer of Health.

Absent: Mayor Betty Ward, Councilors Dave Lawrence and Fred Lombardo.



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HAMILTON-WENTWORTH REGIONAL BOARD OF HEALTH

Chairman: Councillor Pat Valeriano

Vice-Chairman: Councillor Betty Ward

Councillor Paul Cowell  
Councillor Paul Drage  
Councillor Dave Lawrence  
Councillor James MacDonald  
Councillor William Powell

Provincial Representatives: Mrs. Joan McCluskey  
Mrs. Janet Farley

Secretary-Treasurer  
& Personnel Officer: Mr. Don Elder

MEDICAL OFFICER OF HEALTH

A.I. Cunningham, M.D., D.P.H., D.T.M.H.

ASSOCIATE MEDICAL OFFICER OF HEALTH

L. M. Browne, M.B., Ch.B., D.P.H.

Director & Social Worker,  
Child & Adolescent Services.....H. C. VanDooren, M.S.W.,  
Adv.Dip.S.W.

Director, Public Health Dental Division.....S.K. Tandan, B.S., B.D.S.,  
D.D.S., D.P.H.

Director, Public Health Inspection Services.....A.A. Tomlinson, C.P.H.I.(C)

Chief Public Health Inspector.....F. Shimoda, C.P.H.I.(C)

Public Health Nutritionist.....H. I. Hale, M.Sc., R.P.Dt.

Director, Public Health Nursing Services.....M.L. Kirstine, M.Sc.N.,  
B.Sc.N., P.H.N., R.N.

Associate Director Public Health  
Nursing Services.....M. Bennett, R.N., B.Sc.N., M.Sc.

Executive Director, Planned Parenthood Centre.....M. Burns, Reg.N.





## THE CHAIRMAN'S REPORT

1981 was a year of action for the Hamilton-Wentworth Board of Health. It dealt with many recommendations for change. We also had four new councillors on Board, namely Councillors Dave Lawrence, Paul Drage, Paul Cowell and Bill Powell.

In my first address to the new Board after I became Chairman, I stated that one of my goals for the year was our Board of Health become actively involved in advertising and promoting Cardio-Pulmonary Resuscitation (C.P.R.). I had learned that many American cities, particularly Seattle, Washington, had promoted C.P.R. and that many of the residents there had taken the course and subsequently many lives were saved through its application. I was pleased that our Board agreed. Initially, our Public Health Nurses took the course and many of our civic employees in the Region, who deal with the public have also taken the course. The Hamilton Fire Department picked up the ball and have instructed over one thousand citizens in C.P.R. in the last year. It is my hope that this trend continues as I believe that C.P.R. will become one of the most important life-saving methods.

The Hamilton-Wentworth Regional Health Unit Administrative Review was completed in Spring of '81 and several recommendations were made which would help the Unit operate more effectively. The study noted that the Unit required additional expertise in finance and administration and should recruit a qualified Business Administrator and a Support Service Manager. This, and many other recommendations, are to take place in the next fifteen months. The review, in my opinion, was most timely and showed the Health Unit's weaknesses and ways and means of perfecting its operations.

Also in the Spring, the Board became extremely concerned about the homeowners in the Region who had insulated their homes with Urea Formaldehyde Insulation through the Federal Government "Chip" programme. Many of these residents believed they were suffering from symptoms which they attributed to the insulation. Our M.O.H., Dr. Ian Cunningham, stated that the insulation could cause health problems. The Board agreed to ask the Province to conduct tests in our Region at no cost to the homeowners to determine if, in fact, there was a health problem or not. Shortly after our request, the Province began testing these homes. Approximately 1,000 homes in the Region had used this type of insulation. To date, the problem still exists, but I am sure that our Board will pursue the matter until it is resolved.

It was my pleasure as Chairman of the Board to host the Conference of the Ontario Boards of Health held in Hamilton in May 1981. The conference was very well attended and produced many fruitful resolutions and some happy social events. Judging by the comments received from delegates, the local Board was commended on hosting an excellent conference.

The question came up during the year as to the autonomy of the Board of Health. The Board requested the legal status of the Regional Board of Health from Ray Plant, our Regional Solicitor. Mr. Plant stated, "It



is clear that the Board of Health is an autonomous decision-making body and not under the control of a governing body in any municipality ". He also said that the Board is competent to set its own budget and that there is no appeal by Council such as there is for the Board of Commissioners of Police. This satisfied any doubts as to whether or not we were an autonomous body.

About August of this year, the Board expressed our lack of jurisdiction regarding Second Level Lodging Houses. This level of care for senior citizens had been recommended by the Regional Domiciliary Care Committee last year. However, the Ministry of Health had not empowered the Region or City to enforce the regulation controlling the homes. The Board recommended that the M.O.H., Dr. Ian Cunningham, and some Board members including myself, along with Mr. Murray McCulloch of the City Legal Department meet with the Minister, Dennis Timbrell and endeavour to obtain an amendment to the legislation, that would enable either the Province or Municipalities to regulate the homes. The meeting was held and we were assured of an answer within sixty days. However, no answer has been given, and it is my hope that the Minister gives us a decision on this matter soon.

One of the highlights of the year was the negotiating of a new contract with the Board of Education. The previous contract was signed in 1934, and certainly was obsolete in many ways. Mrs. Joan McCluskey, the past-Chairman of the Board, Don Elder, the Secretary-Treasurer and myself met with the Board of Education representatives at least a half dozen times to come up with a good contract. I was pleased to get an updated contract signed to the satisfaction of both parties.

The Ministry wanted to bring in a new Health Protection Act by the end of 1981. Our Board made recommendations for the new Act and submitted them to the Province. However, the Minister stated that the new Act would be passed, at the earliest, by the end of 1982.

One Committee of the Health Unit that, in my opinion, is becoming increasingly important, is the Management Committee. This Committee, made up of the various Directors of the Health Unit, meets on a regular basis and their Minutes for the first time this year, were presented to the Board for their comments. Many excellent ideas are brought forward in this manner, and I want to thank the members of the Management Committee for their advice and suggestions in 1981.

The year ended on a sad note for me. A resolution was proposed at the Regional Council that the Board of Health become a Committee of the Regional Council. I opposed this strenuously as I felt that the present system was best in that it would keep the health of the citizens of the Region as top priority. However, in November 1981, the Regional Council passed that the Board become a Committee of Regional Council. Two weeks later, I was instrumental in having Council reconsider the motion and have the issue studied by the Regional Legislation and Reception Committee. Early in 1982, Regional Council again voted and passed that the Board become a Committee of Council. It is my hope that somehow, the Ministry does not allow this to happen.



I want to thank the Board of Health members, our Medical Officer of Health, Dr. Ian Cunningham, Our Associate Medical Officer of Health, Dr. Lorna Browne, and all the Directors for their co-operation in making it a fruitful and enjoyable year for me as Chairman of the Board.

Now, it is a pleasure for me to pass on the Chairmanship to Councillor Betty Ward.

Respectfully submitted,

Councillor Pat Valeriano





ANNUAL REPORT OF THE  
MEDICAL OFFICER OF HEALTH - 1981

Mr. Chairman:

I have the honour to present the Annual Report for 1981 as submitted by department heads and as required by the Public Health Act (Schedule B, Section 1).

EXPANDING THE RESTORATIVE DENTAL SERVICES:

In May 1981, Regional Council made funds available to provide Restorative Dental Services to the children in the Region outside the City of Hamilton. Since 1916, the Board of Health of the City of Hamilton has provided dental services to children of needy families. With the additional capital expenditure of \$35,000, Dr. Tandan will open a new Dental Clinic in Stoney Creek. Dr. Tandan will deal with this more fully.

CARDIO PULMONARY RESUSCITATION (C.P.R.):

At your initiative, Mr. Chairman, the Board of Health interested itself in promoting the development of skills in Cardio Pulmonary Resuscitation. We collaborated with Mohawk College on holding a session for the general public to acquaint them with techniques involved in this kind of resuscitation.

As well, Mrs. Kirstine, Director of Public Health Nursing Services, has asked that some members of her staff become familiar with C.P.R.

AN OUTCRY AGAINST UREA FORMALDEHYDE FOAM INSULATION (U.F.F.I.):

Urea formaldehyde plastics have been known since the 1930's, but in 1981, the presence of urea formaldehyde foam as insulation in private homes appeared to be associated with symptoms of coughing, eye watering, nausea, headache and exacerbation of upper respiratory allergies and infections.

With the help of the Ministry of Health, we were able to test a substantial number of these homes and provide the owners with the information that the levels were usually below 0.1 parts per million. Mr. Tomlinson, the Director of Public Health Inspection Service, will be dealing with this in his report.

CLOSING DOWN OUR SCOLIOSIS SCREENING PROGRAMME:

Our nursing staff is skilled in identifying curvatures of the back, but we have found over a number of years there is no consensus among physicians in regard to medical management and the future prospects of scoliosis. We think that, like the Papanicolaou Smear, this is an important examination to be done by an attending physician who can quietly follow-up any findings and thereby ascertain the presence of progressive scoliosis. As well, a substantial number of our case load defined by screening did not appear for appointments.

During the period 1976 to 1981, the Health Unit offered annual back examinations to students in Grades 7 & 8 in the Hamilton-Wentworth Schools. The examinations were done by our Public Health Nurses who were specially trained, for this purpose, by orthopaedic surgeons. Students referred by the nurses were seen by consultants at orthopaedic clinics held at McMaster University Medical Centre and at the Hamilton General Hospital.

#### THE 1979 - 1980 SCOLIOSIS SCREENING PROGRAMME:

Our records show that our Public Health Nurses screened 8,787 students or 66.5% of the target population and referred 944 of these for further assessment. Of this group, 800 attended the orthopaedic consultant clinics at McMaster University and the Hamilton General Hospital. However, 144 (15.2%) of those referred by the Nurses, elected to consult their own family physicians, or took no further action for follow-up.

#### PUBLIC HEALTH NURSING TIME:

The following data gives an estimate of the Public Health Nursing time and costs incurred during 1979 - 1980 scoliosis screening programme:

##### 1979 (October to December)

1. Number of school screening clinics held	=	120
2. Number of students screened	=	8314
3. Public Health Nursing time	=	527 hours
4. Average time for screening	=	$\frac{527 \times 60}{8314} = 3.8 \text{ minutes}$

##### 1980 (January & February)

1. Number of school screening clinics held	=	7
2. Number of students screened	=	475
3. Public Health Nursing time	=	37 hours
4. Average time for screening	=	$\frac{37 \times 60}{475} = 4.6 \text{ minutes}$

#### Cost of Nursing Time

1. <u>1979</u>	527 hours x \$9.50/hour	=	\$5,006.50
2. <u>1980</u>	37 hours x \$10.00/hour	=	\$ 370.00
3. <u>Total Cost</u>		=	\$5,376.50
4.	The time referred to above does not include management nursing time, which would make the programme more costly than indicated here.		

#### THE 1981 SCOLIOSIS SCREENING PROGRAMME:

Nine thousand, three hundred and eighty students were screened at 173



school clinics during this programme. The time spent by the nurses in screening was 808 hours, at a cost of \$8,766.00.

In 1981, however, a decision was made to discontinue scoliosis screening as a Public Health programme. The ambiguity of the effectiveness of treatment for this condition is the main reason for discontinuing the case finding. In fact, the Canadian Task Force on the Periodic Health Examination (1980) assigned the effectiveness of prevention and treatment of scoliosis to category "C", i.e. "There is poor evidence regarding the inclusion of the condition in a periodic health examination".

#### LODGING HOUSES, PERSONAL CARE HOMES AND NURSING HOMES:

In 1981, staff of the Health Unit, on visiting Lodging Houses which were applying for Second Level licenses under Bylaw No.: 80 of the City of Hamilton, identified a number of concerns: the need for sufficient trained staff; the need for the provision of adequate nursing care or the transfer to a nursing home or hospital; improvement of the management of medication; provision of a satisfactory diet; and compliance with the license in regard to the number of residents.

During the summer of 1981, the Licensing Committee held a hearing to ascertain if there were reasons for revoking the license of one such Lodging House. The proprietor eventually appealed to the Supreme Court of Ontario, but shortly thereafter left town, and the premises have been taken over by another operator.

In September, a delegation from the Board of Health, led by our Chairman, Councillor P. Valeriano, presented our concerns to the Honourable Dennis R. Timbrell, Minister of Health. The burden of the presentation was that residents in these Lodging Houses, usually placed while waiting for other accommodation, were at risk inasmuch as the premises offered few amenities and very little professional assistance. We requested legal changes which would allow the City of Hamilton further regulatory powers in regard to these premises.

Mr. Timbrell's position was to assist us in solving the problem by using the present legislation. He felt that these premises appeared to be "unlicensed nursing homes", and were subject to regulation under the Nursing Homes Act 1972. As suggested by the Minister, we have informed Dr. Barbara Blake of the Ministry of Health of our concerns in regard to specific Lodging Houses.

As well, the Minister interpreted Section 121 of the Public Health Act:

- i) "where a Medical Officer of Health, inspector or other persons making an inspection or examination under Section 121 finds that any premises are used for the accommodation of aged or infirmed persons, or children between the ages of 3 years and 16 years, for gain or reward, he may give such orders or directions as, in his opinion, are necessary to ensure that such persons receive proper care and treatment and, in the event

that his orders and directions are not carried out,  
he may order that the premises cease to be used  
for such accommodation."

as an instruction to the Medical Officer of Health to issue orders in regard to the care of the elderly, and also the running of premises that put themselves out to assist the elderly. The Minister stated that he would send a memorandum to his staff promoting a broad interpretation of this Section, and also an enforcement of the Nursing Homes Act.

For its part, the Board of Health supported in principle, the hiring of a full time nurse to serve as a nurse-inspector to visit these premises.

As a first step in improving conditions, and to achieve compliance with the City Bylaw, we asked each Lodging House to uphold the following minimum standards:

- i) no patient should lack for adequate nursing care. The proprietor should provide nursing care from his own staff or from Home Care or by hiring a special nurse or by arranging the patient's transfer to an appropriate facility.
- ii) an up-to-date alphabetical list of residents and files must be present and satisfactory at each inspection.
- iii) a current menu must be posted and groceries and supplies should be present and in sufficient quantity to provide the bill of fare.
- iv) there should be no more than the licensed number of residents at any time.

Our staff will draft orders under the Public Health Act asking for compliance when there is a failure to co-operate in meeting these standards. As well, Health Unit staff will, as in the past, be prepared to justify the revoking of a municipal license should occasion arise.

The 43 premises, seeking license as a Second Level of Lodging House, house 650 people. We estimate that 2/3 of the residents have been treated for a psychiatric illness and may also have an additional disability such as epilepsy or mental retardation. The next largest proportion of residents are aged and infirmed. A high percentage of the residents are at risk because they have lost contact with their families and have no social support.

Building another nursing home will not necessarily improve the lot of these people inasmuch as their problems are complicated and deep-rooted. The City's Bylaw likely improves their condition, but a co-ordinated program of social involvement and support needs to be explored and developed.

All of which is respectfully submitted,

A.I. Cunningham, M.D., D.P.H.  
D.T.M.H. (London)  
Medical Officer of Health



## NURSING DIVISION

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Public Health Nursing Services during 1981.

The staff complement in 1981 remained the same as in 1980 except for the addition of one Public Health Nurse who was assigned to the promotional/educational aspects of the Family Planning Program. Thus, the complement in 1981 was as follows: 1 Director of Nursing, 1 Assistant Director, 7 Supervisors, 73 Public Health Nurses, 7 Registered Nurses, 1 Registered Nursing Assistant and 9 secretarial/clerical staff.

In addition, 2 full-time equivalent (F.T.E.) Public Health Nurses had been employed (in 1980) for each of the Community, Social and Vocational Rehabilitation (C.S.V.R.)\* and Home Care Programs.

The Board approved B2 complement for phase 1 of Core Programmes as follows: 1.5 F.T.E. Public Health Nurse for maternal/infant projects, 1 Public Health Nurse for lodging homes assignment, 1 Registered Nurse and a clerk for the immunization program. B2 budgets were not funded at the Ministry level in 1981. Thus, the staff complement remained at 30 below the standards as set by the Ministry.

There was a shortage of Public Health Nurses which resulted in some gapping throughout the year. Seven part-time<sup>3</sup> nurses were employed in September in order to cover the staffing needs (3.5 F.T.E.) in order to bring the number up to the approved complement.

#### NURSING SERVICES AND ACTIVITIES:

Data from the computer system (CHARIS) indicate that time was spent in certain activities in 1980 and 1981 as follows:

#### Percentage Distribution of Time in Selected Activities-1980 and 1981

Type of Activity	Percentage of Time	
	1980	1981
Home Visiting	38	35
School	25	22
Office and Inservice Education	8	8
Phone Counselling	1	1
Group and Clinic Activities	2	4
Hospital Liaison	1	4
Physician Attachment	1	1
Community Agencies	2	4
Vacation	7	6
Illness	3	3
Other Absence	5	6
Other Activities	7	6
TOTAL PERCENT	100	100

\*The Public Health Nurse was withdrawn from C.S.V.R. in October, 1981 due to lack of clientele and was absorbed into regular programs.

It is noted that the percentage of time spent in home visiting and school activities decreased in 1980 while time spent in group activities and hospital liaison increased.

During 1979, 31,690 home visits were made; 32,931 in 1980, an increase of 4% and 33,783 in 1981, an increase of 3%.

#### HOME VISITS AND INDIVIDUAL CONTACTS - REASONS FOR VISITS:

The following table outlines the data regarding individuals counselled by nursing staff in homes, schools, community agencies, hospitals and physicians' offices.

#### Distribution of Visits and/or Contacts with Individuals by Age Groups, 1980 & 1981

Age Group	# of Contacts 1980	% of all Contacts 1980	# of Contacts 1981	% of all Contacts 1981	Dist. in Population
0 up to 1 year	10,519	10	9,643	9	1
1 - 4 years	6,534	6	5,883	5	5
5 - 14 years	41,707	34	35,958	32	15
15 - 19 years	18,095	15	16,054	14	9
20 - 64 years	18,349	18	24,139	21	57
65 - 74 years	4,708	5	6,634	6	6
75 and over	11,945	12	13,816	13	7
TOTAL	111,857	100%	112,127	100%	100%

The biggest change in 1981 (from 1980) was the increase in visits with persons in age groups of 20 - 64 years and with those 65 years and over.

#### GROUP AND CLINIC ACTIVITIES - 1980 and 1981

Note: Number in brackets are for 1980.

Some comparisons of group and clinic activities for the years 1980 and 1981 are as follows:

##### Lifestyle

# classes = 187 (162)  
Attendance = 5,450 (5,413)

##### Preschool Registration

# clinics = 907 (766)  
Attendance = 5,581 (5,632)

##### Nutrition

# classes = 115 (63)  
Attendance = 3,056 (2,339)

##### Hearing Screening

# clinics = 552 (395)  
Screened = 18,632 (11,186)

##### Parent Education

# classes = 37 (38)  
Attendance = 224 (363)

##### Vision Screening

# clinics = 666 (621)  
Screened = 18,990 (17,053)

##### Communicable Diseases (mostly pediculosis)

# clinics = 963 (913)  
Attendance = 68,317 (55,747)

##### Venereal Disease

# clinics = 104 (97)  
Attendance = 1,087 (775)

#### PRENATAL CLASSES:

During 1981, regular staff were phased out of teaching evening classes and part-time teachers were employed. Classes were held in 6 locations namely, Mountain Office of the Health Unit, Nurses' Residence at Henderson Hospital, Scott Park, Bennetto and Laurier Recreation Centres and Central Park School in Dundas.

Attendance at these classes (for couples) increased considerably over 1980 - 2,808 in 1980 compared to 4,658 in 1981. There were 17 series of classes in 1980 and 37 series in 1981 - each series consists of 7 classes.

In addition, 163 single expectant parents (adolescents) attended classes and counselling sessions in 1981, an increase over 1980 of 99 single girls.

#### HOSPITAL LIAISON SERVICES:

In late 1980, Public Health Nursing Liaison Services were expanded to include medical, surgical and out-patient units at McMaster University Medical Centre and St. Joseph's Hospital. Liaison services were initiated with Hamilton General in June and with Chedoke in September, 1981. Maternity liaison services have been in place for a number of years at St. Joseph's, Henderson General and McMaster University Medical Centre.

During 1981, 5,095 patients were referred by the liaison nurses for follow-up in the community (by Public Health Nurses). This represents an increase of 1,835 referrals over 1980 or 56%. The majority of these (other than maternal/infant) were 65 years of age and older. The reasons for referral were as follows: maternal child 80%, medical 2%, mental illness 1%, geriatric 8%, communicable diseases 1%.

#### PHYSICIAN LIAISON SERVICES:

Nursing assignments to physicians' offices increased from 8 in 1980 to 10 in 1981. Physicians (other than hospital) referred 724 patients in 1981, an increase of 163 or 29%.

#### SCHOOL HEALTH SERVICES:

School health services begin with kindergarten registration when nurses interview the parent, observe the child, take a health and developmental history and attempt to determine the child's immunization status.

In the spring of 1981, 5,581 children were seen prior to school entrance compared with 5,632 in 1980.

Counselling of students in all grades, home visits and co-ordination of care, group sessions re: healthy lifestyles, acting as a consultant to teachers and staff are important aspects of the nurses' role.

One major change in 1981 was the increase in the number of sessions related to lifestyles, particularly nutrition - 63 classes in 1980,



115 in 1981. It is of interest to note that a nutritionist, who acts as a resource and consultant to nurses, was employed for the first by the Health Unit in 1981.

#### VISION AND HEARING SCREENING:

Vision and hearing screening is carried out by 4 registered nurses. In 1981, they also assumed responsibility for referral and follow-up. The battery of tests is designed to screen for muscle imbalance, acuity and amblyopia. Students aged 4, 5 and approximately 12 years of age are routinely tested as well as those referred and students entering special classes.

Of 18,990 students screened for vision defects, 11% were referred for further testing, 4% of 18,632 screened for hearing problems were referred.

#### SCOLIOSIS SCREENING:

The clinics for the final year of the 5 year scoliosis screening program were held in February and March, 1981. Of 7,700 students screened, 964 were referred; of these, 467 were within normal limits, 274 had an abnormality confirmed, the remainder saw family physicians who did not send a return report.

The nursing division in collaboration with the Department of Epidemiology and Biostatistics at McMaster conducted a study designed to evaluate the accuracy of the decision to refer. Fifteen nurses each screened seventeen children. These children were known to have varying degrees of spinal curves from normal to severe. The nurses did not have any special or added inservice education for this project.

Results indicated that nurses are able to correctly discriminate between normal and abnormal curvatures 75% of the time. There was a high degree of accuracy in detecting normal and "severe" curves. It was hypothesized that with further training a select group of nurses could achieve proficiency.

#### GERIATRIC SERVICES:

Nurses visit seniors in their homes. They also are assigned on a regular basis to all senior citizen apartment buildings (Ontario Housing) where they conduct clinics and group sessions re: healthy lifestyles, medications, diet and nutrition.

Seniors who are 75 years and older are at high risk and sometimes require placement in a facility where more care is provided. During 1981, nurses completed 398 assessments for Assessment and Placement Services. The purpose is to determine the type of care that is best suited to individual needs. Also, 16,653 homes visits were made to persons 65 years of age and older.

#### HOME CARE:

Home Care is a program where by patients are provided with nursing,

other professional and homemaking services in their homes.

The program is 100% funded by the Province and in Hamilton-Wentworth Region is administered by the Victorian Order of Nurses.

In 1980, 1,798 visits were made to patients on the program; in 1981, 2,216 visits were made. Home Care reimbursed the Health Unit at \$16.00 per visit.

#### LODGING HOMES:

Up until May of 1981, Public Health Nurses were visiting lodging homes on a referral and follow-up basis. These were visits for residents who were on the regular caseload (prior to admission) and/or for assessment of patients for Assessment and Placement Services. In addition, nurses visited in response to complaints. After adoption of the by-law, referrals and complaints increased, thus putting considerable demand on Public Health Nursing time, particularly in the main office area. The decision was made to have one Public Health Nurse do nursing inspections on a regular basis so as to gain more accurate knowledge of the scope of the problems. This was done in close co-operation with the Inspection Services.

The main problem areas identified were as follows: (1) safety regarding storing and administering of medications; (2) lack of nutritious and sufficient quantity of food; (3) safety re: supervision of residents on a 24-hour basis, particularly at night; (4) placement of residents who required more extensive care, and (5) concern whether residents received adequate care.

Towards the end of the year, there were indications that most owner/operators were attempting to improve their facilities and quality of care. The role of the nurse was changing from that of "inspector" to one of health teacher and counsellor and advocate for the residents.

#### FAMILY PLANNING:

In January, 1981, one Public Health Nurse was assigned responsibility for the educational/promotional aspects of the Family Planning program. This program is 100% funded by the Ministry.

The following are some of the educational sessions regarding sexuality and family planning that were provided: 40 inservice education sessions for all nursing staff, 40 workshops for 53 community agencies, attendance 620 persons, 24 sessions in schools, attendance 745 students and 5 media sessions, eg. cable T.V.

The nurse also acts as liaison with the Planned Parenthood clinic and participates in interviewing some of the clients.

An extensive resource file of literature, pamphlets and films has been developed. Information regarding the services has been mailed to physicians, other professionals and community agencies.

## SPECIAL PROJECTS:

St. Joseph's Hospital Maternal/Parental/Infant - The Nursing Division worked with St. Joseph's Hospital in developing a program whereby new mothers were encouraged to identify their needs regarding parenting and child care while in hospital. All mothers and infants with special needs were to be referred to the Public Health Nurse for follow-up. Funding for St. Joseph's section of the project and for development of resource modules was provided by Health and Welfare Canada. It was anticipated that patients would be admitted to the program in 1982.

Early Discharge Project - Some mothers choose to go home shortly after delivery of their infant. Public Health Nursing staff, McMaster University Medical Centre and Home Care personnel co-operated in making plans for these patients - which would also be applicable to other hospitals in the Region.

Buckle Up Baby - Later named RISK - Restrained Infants, Secure Kids The Inservice Supervisor served on the Planning Committee and later became a member of the Board of Directors of the Council on Road Trauma of Hamilton-Wentworth. The purpose of the committee was to foster awareness of road safety issues. Resource materials were developed in co-operation with the Ministry of Transportation and Communication and a submission to the Ministry for funding for road safety programs was made.

National Human Milk Survey - The Health Protection Branch, Health and Welfare Canada, sought our co-operation in a study of possible risk factors in the breast milk of nursing mothers. The Inservice Supervisor co-ordinated this project and advised the mothers regarding the study.

Cardio-Pulmonary Resuscitation (C.P.R.) - The Chairman of the Board of Health was supportive of activities that would lead to basic proficiency in C.P.R. for Health Unit personnel, particularly nursing staff. A motion was passed by the Board to the effect that the Board would pay for the registration fee and that nurses would be expected to take the course on their own time. Thus, 92 nursing staff were registered with Mohawk College in December, 1981 - for the course which was to be offered in January, 1982.

## OTHER ACTIVITIES:

Public Health Nursing personnel serve on various committees and also participate in many community programs. Some examples of these are: courses for Day Care Providers, Retirement Counselling, Parenting, Activity Groups for Seniors and mall displays.

Three hundred and forty-two visits and/or consultations with Childrens' Aid Societies and/or appearances in court were made by Public Health Nurses re: child care and/or possible child abuse.

## SUMMARY AND COMMENTS:

Some significant trends were evidenced in 1981 such as the increase in referrals from hospitals, physicians and other community agencies.



Staff responded to these and other changes in the health care system, eg. early hospital discharge, increased interest in prenatal education for both married couples and single women, requests from senior citizen groups and recognition of the need to monitor care given in lodging home type of facilities.

The concern regarding week-end and after regular hours coverage was recognized - nurses made home visits on 47 of 52 week-ends in 1981.

This report represents only some of the programs and activities of the Nursing Division and is respectfully submitted.

(Mrs.) Myrtle L. Kirstine, R.N., M.Sc.N.  
Director  
Public Health Nursing Services



## FAMILY PLANNING CLINIC

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Centre during 1981.

In 50 years of service to the Hamilton Community, the clinic program has had many changes. In 1970, the clinic began serving unmarried women as well as married couples, counselling not only for birth control, but pregnancy, sexuality and the relating concerns.

In 1976, we received 100% Ministry funding for clinic services, under specific Ministry guidelines for service. The change these guidelines made in the operation of this clinic were negligible.

Through the years we have made changes as various health patterns became evident, i.e. routine "Paps" and G.C. smears on all patients, teaching self-breast examination, discussing health habits and good nutrition, which are all part of the total program in establishing a commitment to family planning. Commitment to family planning means making informed choices in:

- better spacing of children
- fewer unwanted teenage pregnancies, which means
- fewer teenagers becoming parents when not ready for that responsibility
- fewer teenagers becoming a welfare statistic
- fewer babies being neglected, abused and/or battered
- fewer young marriages ending in separation and divorce
- fewer children with only one parent
- fewer persons having to make a difficult decision on a problem pregnancy.

With doctors opting out of O.H.I.P. and the uncertain economic situation, more persons are seeking assistance from this clinic for a contraceptive method and the relating reproductive concerns.

#### CLINIC STATISTICS:

##### DOCTORS' SERVICES:

Seen in clinic	-	849 new patient visits
	-	<u>1,749</u> return visits
TOTAL		2,598 patients seen

##### NURSING SERVICES:

<u>Counselling</u> for birth control	-	1,015 persons
possible pregnancy	-	483 persons
problems with birth control	-	809 persons
phone counselling on birth control	-	<u>2,698</u> persons
TOTAL	-	5,005 persons



Ages of persons receiving counselling, education, referral, treatment services:

under 15 years	135 females	14 males
15 - 16 years	959 females	80 males
17 - 19 years	998 females	418 males
20 - 24 years	310 females	230 males
25 and over	41 females	76 males

TOTAL of 3,261 persons

Community Contacts - 1,214 persons +

schools	- 34
colleges and university	- 12
other groups and agencies	- 35
radio and/or T.V.	- 5

Respectfully Submitted,

Mabel L. Burns, (Reg.N.)  
Director  
Planned Parenthood Clinic

## NUTRITION SERVICES

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Nutrition Services during 1981.

Nutrition Services were formally initiated in the Hamilton-Wentworth Regional Health Unit with the appointment of a Nutritionist on January 12, 1981. Being a new service in the Health Unit, much of the Nutritionist's time was spent on the establishment of administrative procedures as well as defining her role in the Health Unit and community at large.

The overall goal of Nutrition Services is to assess the nutritional needs of the community, and to co-ordinate, plan, implement and evaluate nutrition education programs directed towards health promotion and disease prevention. The Nutritionist works with and through the Public health Team and other professionals to provide Hamilton-Wentworth residents with the knowledge and skills necessary to choose a healthy diet. Extensive delivery of direct service by the Nutritionist is not practical at a ratio of one (1) Nutritionist to 410,000 residents.

#### LIAISON AND CO-ORDINATION OF NUTRITION RESOURCES/SERVICES:

The Nutritionist established liaison with agencies/organizations and groups in the community that provide nutrition or related services through her chairmanship of the Hamilton-Wentworth Nutrition Committee. This committee provides a forum for the sharing of ideas and resources and enhances the co-ordination of nutrition services in the community. The nutritionist relates to representatives from all health disciplines through monthly meetings of Co-ordination Group A of the Hamilton-Wentworth District Health Council. Through these contacts the Nutritionist was able to make appropriate referrals for specific nutrition requests.

An attempt was made to form a School Nutrition Committee with representatives from the Hamilton Board of Education. The purpose of this committee was to co-ordinate efforts in all aspects of nutrition within the education system and to make recommendations to the Board of Education regarding guidelines for a policy on nutrition education and food service. Such a committee has yet to be approved.

A format for the development of a liaison was established. In 1981, Family Services of Hamilton-Wentworth Inc., Hamilton-Wentworth Home Care Program and Ontario Ministry of Agriculture and Food were re-ordered using this system.

The Nutritionist arranged for 32 Public Health Nurses and 7 preventive dental staff to attend nutrition education workshops sponsored by the Ontario Milk Marketing Board (69% - elementary school age, 21% - pre-school, 10% - secondary school).



## IDENTIFICATION OF COMMUNITY NUTRITION NEEDS:

A definite lack of therapeutic diet counselling was identified in the east end of the Region in 1981. Therefore it was recommended to the East End Task Force of the Hamilton-Wentworth District Health Council that the proposed health care facility include at least one community dietitian to receive therapeutic counselling referrals from physicians and to work with the other community workers in providing preventive and therapeutic service to identified target groups.

Data used to identify general nutrition needs in the community were obtained from the Nutrition Canada Survey Report as well as observations made by Health Unit staff, other community workers and the Nutritionist. Major areas identified included weight control and fitness, prevention of cardiovascular disease, prenatal nutrition, infant feeding, nutrition education of school children, school food service, prevention of dental caries, nutrition services for the elderly, therapeutic diet counselling, nutrition and food budgeting. In other words, there is much to be accomplished by Nutrition Services. Emphasis for program planning in 1981 was based on the minimum nutrition services stipulated by Core Program of the proposed Health Protection Act.

## NUTRITION CONSULTATION:

The Nutritionist offered support and consultation on a wide variety of nutrition topics to Health Unit staff, other professionals as well as consumers.

Public Health Nurses were the principal recipients of nutrition advice. Their major topics of consultation included:

- techniques and resources for teaching nutrition to a variety of target groups
- infant feeding
- therapeutic diets
- nutrient composition of various foods
- weight reduction
- prenatal nutrition
- vegetarianism

It was encouraging to observe that since the inception of Nutrition Services, the number of nutrition presentations given by Public Health Nurses has increased as noted in the Nursing Director's report.

Health Unit staff were updated on various nutrition items through periodic memos ie. aspartame, infant food products, vitamin/mineral supplementation for infants, nutrition education resources. Nutrition recommendations on such topics as daily nutrient needs, infant feeding, vitamins, and desirable weights were incorporated into the Nurses' Day Book.

Other professionals who consulted with the Nutritionist via phone or letter included home economists, teachers, dietitians, food service caterers, physicians, pharmacists, nurses, nursing and nutrition students and the media. Their areas of nutrition interest were very similar to those of the Public Health Nurses.

Topics of group consultations to professionals in 1981 included:

- "Developing an Operational Plan" for Nutrition Services, Chedoke-McMaster Hospitals
- "Nutrition Education of Children - How Good a Job Are We Doing?" for Paediatric Ambulatory Rounds, McMaster University Medical Centre
- "Public Health Nutrition" for Ontario Association of Boards of Health and the Nutrition Club, University of Guelph

The medical librarian from the Hamilton Public Library consulted with the Nutritionist on recommended nutrition books. To increase public accessibility to reliable nutrition information, a file of nutrition publications was assembled for the public libraries.

Consumers sought advice from the Nutritionist on a wide variety of nutrition issues. The major queries dealt with weight reduction, therapeutic diets, nutrient composition of foods and infant feeding. Most food preparation and storage questions were referred to home economists.

As National Consultant to Canadian Calorie Counters, the Nutritionist was responsible for writing answers to members' letters in a monthly newsleaf.

#### DEVELOPMENT OF NUTRITION EDUCATION PROGRAMS:

A goal of nutrition services was to integrate nutrition into as many Health Unit and community programs as possible. Phase I of Core Programs identified that attention be given to:

- 1) the development of a Nutrition Resource Manual for the preventive dental program in the schools. In this regard, the Nutritionist chaired a provincial committee of nutritionists, dentists and a dental hygienist whose mandate was to develop this manual for all health units. A preliminary draft of this manual as well as teaching activities have been developed. This committee assisted the Ontario Milk Marketing Board in the development of a snacking pamphlet which will be available to all health units in 1982.
- 2) the development of a Nutrition Component for Maternal and Infant Health Programs. A provincial committee of nutritionists was established to develop a nutrition manual for childbirth education classes. Thus the Nutritionist responded to adhoc requests for prenatal and infant nutrition information, awaiting for completion of the resource manual. An infant feeding publication was developed for use in prenatal classes, new mother visits and physician offices. Prenatal workshops were given to:
  - prenatal teachers in the Health Units
  - perinatal nurses at Chedoke-McMaster Hospitals
  - prenatal teachers in Ontario at the annual Childbirth Education Workshop, McMaster University Medical Centre

Other nutrition education workshops conducted by the Nutritionist in 1981 included:

- Assessment of Dietary and Nutrition Status, Prevention of Cardiovascular Disease, Weight Control, Vitamin/Mineral Supplementation for the Ontario Dental Hygienists Association
- Nutrition Education for Elementary School Children for Ontario Christian School Teachers' Association

Several teaching aids were developed by the Nutritionist to be used in presentations on general nutrition, nutrition and lifestyle diseases, weight reduction and fitness.

Two nutrition students from the University of Guelph were supervised on a field placement. Their project involved the development and delivery of a 6-week nutrition education program in a seniors' apartment building. At the end of their program, they presented an in-service on "Nutrition Education for Seniors" to the Public Health Nurses. Their lesson plans and activities were compiled into a resource package which nurses can use in developing a similar program in other seniors' buildings.

#### NUTRITION/HEALTH PROMOTION:

The Nutritionist spent considerable time doing nutrition promotion activities in the community. Ten "What's New?" newsletters on specific nutrition topics were prepared and distributed to Health Unit staff, schools, libraries, community agencies, physicians, nurses, pharmacists, media, etc. Nutrition and sensible eating was promoted through four TV interviews, two open-line radio shows and four press interviews. Public service announcements on nutrition were developed for Cable 4 TV.

An average of one request per week was received to give presentations in the community. Groups which received this direct service from the Nutritionist included the Mountain Rotary Club, I.O.D.E., a cooking club, teenage girls from a private school, a widow group, weight reduction group and several young mothers groups. Many requests for consumer talks are referred to other Nutritionists in the community and Public Health Nurses.

A Major challenge was the organization of Nutrition Week, March 2-7, 1981, which required the co-operation of a variety of professionals interested in promoting good nutrition. Under the chairmanship of the Public Health Nutritionist, a committee developed a one-week display at Lloyd D. Jackson Square Mall which included height/weight measurements, a computer assessment of participants' diets, individual nutrition consultations based on computer analysis, nutrition games, quizzes, pamphlets, posters, and films. The Hamilton-Wentworth Nutrition Committee received the top award in Canada for an external public relations project from the Health Care Public Relations Association for their activities during Nutrition Week '81.



#### NUTRITION RESOURCE CENTRE:

In her role as a resource person, the Nutritionist established a Nutrition Resource Centre containing numerous publications and teaching aids. The materials were extensively ordered by Health Unit staff, teachers, home economists, private practitioners, dietitians and various community agencies.

#### CONCLUSION:

This report has highlighted the activities of a one-person service. I acknowledge the tremendous assistance received from the Health Unit staff who assist me in the delivery of the Nutrition program. I would like to thank Lorraine Caughell for her secretarial assistance in the establishment of this division. Her patience and skills in the day-to-day functioning of Nutrition Services are very much appreciated.

I am most grateful for the support and encouragement I have received from Dr. Cunningham, the directors of each service and the Board of Health. It has been a pleasure to work with a multidisciplinary group whose main goal is the promotion of optimum health and the prevention of disease.

I look forward to another challenging year in 1982.

Respectfully submitted,

Helen I. Hale, M.Sc., R.P.Dt.  
Public Health Nutritionist



## DENTAL DIVISION

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Community Dental Service during 1981.

1981 was a significant year for the Dental Division. The Region approved the takeover of the city dental clinics beginning January 1, 1982. Further to this, the Region recommended redeployment of the present clinics to better serve the residents.

As a result of the enrichment of the preventive section in late 1980, there was a marked increase in the services offered to school children and other members of this community in 1981.

#### DENTAL TREATMENT PROGRAM:

The Treatment Division continued to function with four Dentists and four Dental Assistants. In order to plan the reorganization of the dental clinics, the Centennial School Clinic, which was already operating on a part-time basis only, was closed with the intention of it reopening at a different and more suitable location. Children attending Centennial Clinic were transferred to Hess School Clinic with a minimum of disruption in the continuity of their dental care. With the blessing and assistance of the Board of Health, the organizational and operational plans for the establishment of the Stoney Creek Dental Clinic were finalized. I am pleased to inform you that this clinic is now under construction.

The old dental equipment at the East End "Clinic One" was a constant source of worry and required repeated repairs causing a heavy drain on the repair account.

Following an out-of-town report regarding extremely high radiation emissions from certain Dental X-ray Units, the X-ray Inspection Service of the Ministry of Health was invited to inspect all our X-ray machines. I am extremely pleased to bring to your attention that none of the X-ray Units were found to be defective or harmful. Very minor recommendations were made which were duly implemented.

The following description and statistics explain the numerous services offered throughout the year.

#### SPECIAL TREATMENT SERVICES:

1. Unlike previous years, residents of St. Peter's Centre received regular dental care in 1981. This was achieved mainly through the realignment of dental clinic working time, and the co-operation of St. Peter's staff. During the thirty-five half days worked at the St. Peter's Centre, the following services were rendered:



- a) 71 examination and consultations
- b) 21 scalings and prophylaxes
- c) 27 restorations
- d) 59 extractions
- e) 10 complete dentures
- f) 22 denture relines
- g) 3 denture repairs
- h) 41 denture adjustments

The market value of the above services is approximately \$8,178.00.

2. Our dental clinics continued to provide Minor Interceptive Orthodontic Treatment, and this year nineteen children were successfully treated. A simple breakdown follows:
  - a) 3 cervical headgears and Hawley
  - b) 11 space regainers
  - c) 3 anterior crossbites
  - d) 1 semi-rigid bridge
  - e) 1 serial extraction
  - f) 1 thumb partial
3. The staff conducted a Dental Health Survey in randomly selected Regional Schools and 4,400 children were examined. It is encouraging to note that preventive education and dental health promotion is yielding positive results as evidenced by the following findings:
  - a) 58% are receiving dental care
  - b) 23% exhibit no dental disease
  - c) 19% have dental disease but are not visiting a dentist

It is the sincere intention of this Division to reach and assist the 19% of those children who are unable to obtain dental care.
4. At the request of the Hamilton Board of Education, one special co-op student was assigned to the Mountain Dental Clinic for approximately four months. Numerous other Dental Assisting Students from Sir Allan McNab School were also assigned to the Health Unit Dental Clinics to obtain field experience and on-site practical training. This co-operation is mutually beneficial and should be encouraged.

#### DENTAL TREATMENT STATISTICS:

1. Recall Patients Status and Comparison to 1979 and 1980.

<u>Year</u>	<u>Total Recalls</u>	<u>Caries Present</u>	<u>Caries Free</u>
1979	2234	1015	1219
1980	1986	1029	957
1981	1941	868	1073

## 2. General Services at a Glance.

	<u>Cent.</u>	<u>E.E.1</u>	<u>E.E.2</u>	<u>Hess</u>	<u>Mountain</u>	<u>Total</u>
Total No. Appts. Worked	34	1778	1834	1909	1757	7312
Examination	12	814	823	778	575	3002
Radiographs	35	1791	1803	1968	1411	7008
Prophylaxis	11	753	752	761	559	2836
Fluoride	11	752	743	737	550	2793
O.H.I.	2	110	76	176	107	471
Decid. Ext.	6	68	87	238	80	479
Perm. Ext.	2	19	14	109	21	165
Amal. 1 Surface	8	523	772	593	851	2747
Amal. 2 Surface	3	612	542	626	869	2652
Amal. 3 Surface	5	66	110	235	179	595
Anterior Restor.	0	77	121	234	151	583
Stainless Steel Crowns	1	2	0	1	0	4
Pulpotomy	0	20	9	73	46	148
Endodontics	0	0	13	60	7	80
Space Maintainers	1	0	11	0	15	27
Other	16	121	217	731	304	1389
Completed Cases	13	778	757	653	574	2775
Emergencies	6	64	85	200	85	440
Total Operations	113	5728	6093	7356	5725	25015
Individual Patients	12	760	798	756	559	2885
Broken Appointments	0	134	132	100	128	494

## 3. Monetary Statistics (Including St. Peter's Centre and Orthodontics).

		<u>Approximate Retail Value</u>
Examinations	3002	\$66,044.00
Radiographs	7008	35,040.00
Prophylaxis	2836	56,720.00
Fluoride Applications	2793	30,723.00
O.H.I.	471	4,239.00
Extractions Decid. Teeth	479	5,269.00
Extractions Perm. Teeth	165	2,805.00
<u>Dental Restorations:</u>		
1 Surface Amalgams	2747	43,952.00
2 Surface Amalgams	2652	90,168.00
3 Surface Amalgams	595	24,990.00
Acid-Etch Composites	583	20,405.00
Stainless Steel Crowns	4	140.00

Miscellaneous:

Pulpotomies (deciduous)	148	\$ 2,960.00
Endodontics (permanent)	80	16,000.00
Space Maintainers	27	2,160.00
Emergencies	440	6,600.00
Orthodontic Appliances	20	2,500.00
Other Services (Parent Consultations, Temporary Restorations, Post-op Checks, Suture Removal and Orthodontic Adjustments)	1389	11,112.00

St. Peter's Prosthodontics:

Denture Relines	22	1,650.00
New Dentures	10	2,600.00
Denture Repairs	3	60.00
Denture Adjustments	41	0.00

TOTAL OPERATIONS	25,515	\$426,137.00
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4. Comparison of Cost - Our Services versus Market Value.

	<u>Based on 1981 Budget</u>	<u>1981 Market Value</u>
Cost per Completion	\$106.00	\$154.00
Cost per Appointment	40.00	58.00
Cost per Individual Patient	102.00	148.00

Traditionally, it is the aim of the Governments to provide a service which is either less than or equal to the actual market value. The Dental Treatment Division is well under the limits as shown by the above figures.

DENTAL PREVENTION PROGRAM:

It is the firm belief of this Division that by inculcating good dental habits at an early age, the majority of dental disease can be prevented. With this in mind, the major focus of preventive teaching is directed towards school children. Unlike previous years, Dental Health Education and Promotion and Oral Hygiene Instructions were introduced in all the grades up to grade eight level in 1981. Staff from the Health Unit continued to provide valuable preventive services to other members of this community also.

REGULAR ACTIVITIES:

City of Hamilton: School children received instructions in Oral Hygiene and Dental Health throughout the year. In addition, 28 city-based school pupils received the benefit of fluoride mouth-



rinse program. Last year 99,664 mouth-rinses were provided as opposed to 140,415 this year.

Wentworth County: The educational and instructional component was similar to that of the City of Hamilton, but the fluoride mouth-rinse program was made available to all county schools. A total of 241,699 mouth-rinses were carried out by parent volunteers this year as opposed to 213,804 last year.

These modest increases in the aforementioned numbers are not only an indication of the efficiency of the Health Unit staff, they are also indicative of the people's desire to prevent disease rather than seek a cure for it.

#### SPECIAL ACTIVITIES:

Besides concentrating on school associated activities, the staff of our Health Unit is actively involved in providing dental health education and promotion to numerous other groups in this community in order to ensure that a maximum number of people benefit through this important public service. A short description of the various services follows:

- 4 Child Development Centres were visited during 1981 and a total of 29 examinations were carried out. In the presence of the parents, (indirect preventive education) the children were given an explanation of the benefits of dental health and were given toothbrushing instructions.
- 9 Nursery Schools were visited after an assurance that the maximum number of parents possible would be present so that they could reinforce the learning at home. A total of 631 individual services were provided to the children, with 147 parents participating in this training.
- Amity Rehabilitation Centre received 16 visits this year. During these sessions, the residents received 422 different services. Additionally, 10 of the most needy residents were offered scaling and prophylaxes through our dental clinics.

It is my pleasure to inform you that this Health Unit was awarded a Certificate of Merit by the Amity Rehabilitation Centre in recognition of the services and care offered by the Dental Division.

- Participation House was visited 6 times. Residents were again taught Dental Health Education and Brushing Techniques. Like last year, staff participation was encouraged. 148 individual services including examinations were rendered in 1981.
- 6 Senior citizen Centres were attended to by the Health Unit staff, with special emphasis on nursing staff participation. It is the feeling that if the nursing staff can be involved and taught the benefits of good oral care, the elderly residents of various centres would receive much better daily oral care. Every effort is made to seek such co-operation between the disciplines for the eventual benefit of the aged. It is heartening to note that reluctance in achieving the above aim is observed in very few instances. A total of 139 elderly people were recipients

of 196 individual services, and 50 members of the nursing staff participated in this endeavour.

The staff also attended two meetings arranged by concerned groups to organize better health care for the aged our our society.

- Lectures on dental prevention were given to many other groups throughout the year. Some of these include: the Registered Nurses, Registered Nursing Assistants, English Second Language classes and Canadian Hearing Society. Staff from the Dental Division were also invited to speak to the graduating class of the Dental Hygiene students of Niagara College.
- Specialized toothbrushing and oral hygiene instructions were also given to the physically and mentally handicapped members attending such schools as Fairview, Southview, Eastview, Vincent Massey, Queen Victoria and Glenwood.
- Various members of the staff attended Continuing Education Courses; participated in the Dental health Week; and co-operated in providing Dental Public Health training to the students of Sir Allan McNab School in 1981.

#### PREVENTIVE SERVICES STATISTICS

##### ORAL HYGIENE AND EDUCATION

	<u>Total Number of Schools</u>	<u>Number Visited</u>
City Schools	118	108
County Schools	<u>53</u>	<u>47</u>
TOTAL	<u>171</u>	<u>155</u>

	<u>Total School Enrollment</u>	<u>Total Enrollment of Part. Schools</u>	<u>Numbers Educated</u>	<u>Numbers Brushed</u>
City Schools	40,027	39,194	36,934	36,937
County Schools	15,092	14,616	14,032	14,033
Others	<u>          </u>	<u>          </u>	<u>2,565</u>	<u>2,090</u>
TOTAL	<u>55,119</u>	<u>53,810</u>	<u>53,531</u>	<u>53,057</u>

##### FLUORIDE MOUTH-RINSES

	<u>Number of Schools</u>	<u>Number of Sessions</u>	<u>Total Rinses</u>
City Schools	28	551	140,415
County Schools	<u>54</u>	<u>1,007</u>	<u>241,699</u>
TOTAL	<u>82</u>	<u>1,558</u>	<u>382,114</u>

##### NOTE:

The Educational and Instructional Components of the Preventive Service show an increase of approximately 31.9%, and the Fluoride Mouth-Rinses are up by approximately 18.0% from 1980.

ACKNOWLEDGEMENTS:

Sincere thanks are extended to:

1. All the local Boards of Education; their principals and school teachers.
2. Parent volunteers.
3. Proctor and Gamble, Colgate-Palmolive and Level Detergents Ltd.
4. The Hamilton Academy of Dentistry.

It would be remiss of me not to thank the staff of the Dental Division without whose efforts it would be difficult to reach the objectives of this Division. The co-operation extended by the Nursing Division and Nutrition Services is highly appreciated. Finally, I am grateful to the Board of Health and Dr. Cunningham for guidance and advice.

All of which, is respectfully submitted,

S.K. Tandan, B.Sc., B.D.S.,  
D.D.S., D.D.P.H.  
Director  
Division of Community Dentistry





## CHILD AND ADOLESCENT SERVICES

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Centre during 1981.

The 1981 year has been a planning year which has provided an opportunity to formulate standards and objectives for the various services provided at the Clinic. This will prove to be important as the Clinic prepares for a service plan approach which will be required by the Ministry of Community and Social Services. Along with a clearer description of services, there has been a parallel shift to outlining the roles of staff, especially the team co-ordinators, where there has been an increased emphasis on accountability and establishing effective reporting mechanisms. During 1981, we were able to make the transition from four teams to three. This caused some discomfort for staff who were used to different alignments, but it has proven to provide more depth on each team, and more opportunity for consultation and specialized treatment interventions.

Staff changes included the departure of Dr. Doug Brown, Chief Psychologist, who was appointed Director at a neighbouring Children's Mental Health Centre. Dr. Brown was a strong support to the Clinic, particularly in the area of planning and in encouraging the development of a comprehensive case system. He was replaced, through internal appointment, by Mrs. Jane Heinzl. Mr. Tom Moro, one of our veteran staff, accepted a position with the Halton Board of Education, and he was replaced by Mr. Gord Greenway. Dr. Paul Hurst filled the vacancy left by Mrs. Heinzl.

There has been a reduction in referrals and re-referrals compared to the previous year. This is attributed to the emphasis on a more careful screening of requests for service, which was facilitated by designing a new role of Intake Co-Ordinator. Table 1 provides a breakdown and comparisons.

TABLE 1

#### TOTAL CASELOAD

	New Cases	Re-Referrals	Carried Over	Total
1980	603	110	1211	1924
1981	554	97	1195	1846

The overall reduction in the Clinic caseload would appear to be caused by a concerted staff effort to discriminate between cases in active treatment and cases which have had little contact with the Clinic. It is predicted that the caseload will be further reduced by the implementation of the new case system. This will have a significant impact in improving the treatment planning on behalf of the Clinic's clients.

The pattern of an increase in adolescents referred to the Clinic, which was observed in 1980, was not evident in 1981. There seems to be a trend toward more children under 13 being referred.

TABLE 2  
REFERRALS BY AGE

	Under 13	%	Over 13	%	Total
1980	336	55.7	267	44.3	603
1981	331	59.7	223	40.3	554

The ratio of boys over girls showed an interesting shift when compared to 1980. The increase in the number of girls referred to the Clinic in the past is levelling off, and there appears to be a return to a greater number of boys being referred.

TABLE 3  
REFERRALS BY SEX

	Males		Females		Total
	#	%	#	%	
1980	380	63.0	223	37.0	603
1981	391	70.5	163	29.5	554

The largest number of referrals continue to originate from parents, and this has increased in comparison to the previous year. There has also been an increase in referrals from physicians and from schools.

TABLE 4  
NEW REFERRALS BY SOURCE OF REFERRAL IN PERCENTAGES

	1980	1981
Parents	25.8	28.7
Court Related	17.8	14.1
School	23.5	25.3
Physicians	12.2	15.9
C.A.S.	8.4	4.5
P.H.N.	5.6	6.7
Other	6.7	4.8



The breakdown of diagnostic categories of cases terminated shows that the greatest number of cases continued to be in the category of Transient Situational Disturbance and there is also an increase over last year. There was also an increase in the category Behaviour Disorders. The breakdown of all the categories is presented below.

TABLE 5

1981 - CASES TERMINATED

Diagnostic Category		Total
300	Neuroses	3
301	Personality Disorders	4
306	Special Symptoms (e.g. Perceptual, Speech)	99
307	Transient Situational Disturbance	241
308	Behaviour Disorders of Childhood	198
309	Mental Disorders Associated with Physical Conditions	14
310	Borderline I.Q. (68-85)	11
311	Mental Retardation (I.Q. 52-67)	2
313	Severe Retardation (I.Q. 20-35)	2
315	Unspecified Retardation	1
793.0	Observation without need for further care (or no psychiatric abnormality)	5
Undiagnosed		<u>121</u>
TOTAL		701

Staff activities during 1981 are computed in the following table and they reflect a wide variety of activities performed directly with clients or on behalf of clients.

TABLE 6

STAFF ACTIVITIES IN 1981

	Total Hours	%
Intake & Screening	361	1.9
Assessment	2009	10.4
Case Conference	862	4.5
Brokerage/Liaison	435	2.3
Placement Activities	34	.2
Therapy	7576	39.4
Indirect Services	7949	41.3

The interdisciplinary approach continues to be an important feature of the Clinic, and it is required in addressing the complex needs of the people we serve (See Appendix 1). The staff is skilled in the areas of family therapy, individual therapy and group therapy, and it is worthwhile to note that these areas received almost equal emphasis at the Clinic during 1981 with 31% of treatment activity devoted to family therapy; 33% to group therapy; 36% individual therapy.

An important service at the Clinic is that of psychosocial assessments. During 1981, the Clinic implemented its "Integrated Court Assessment" which emphasizes assessing the "whole child" within the context of family and community. We have also been able to define an approach to Custody/Access Investigations which will be provided on a fee-for-service basis for a select number of clients who meet specific criteria.

As in previous years, the staff has shown a great interest in being involved in community and interagency activities. While this takes time away from direct services, it will have an important impact in developing more effective service networks and good co-operation in the community at large. We have also found that it is important, for the clients' sake, to have human service agencies co-operate to find the best approaches when resources are becoming more limited. In this regard the Clinic staff have kept up the good reputation in consulting with other groups and agencies.

The relationship with the other divisions of the Health Unit has been positive, and this was enhanced by monthly meetings of the Health Unit's "Management Committee". The strong encouragement from Dr. Cunningham and his sensitive advice was felt and greatly appreciated during the past year. As well, the Clinic has experienced good support and understanding from the Board of Health, and it looks forward to continuing this in 1982.

Submitted by,

Hank C. VanDooren, M.S.W., Adv.Dip.S.W.  
Clinical Director  
Child and Adolescent Services

# APPENDIX 1

## COMPARISON OF STAFF ACTIVITIES BY PROFESSION

	Psychiatry		Psychology		Social Work		Child Care		Speech		Pediatrics		Volunteers		Totals	
	Hrs.	%	Hrs.	%	Hrs.	%	Hrs.	%	Hrs.	%	Hrs.	%	Hrs.	%	Hrs.	%
Intake & Screening	0	0	44	12.2	220	60.9	94	26.0	3	.9					361	100
Assessment	132	6.6	963	47.9	604	30.1	182	9.0	102	5.1	26	1.3			2009	100
Case Conferences	67	7.8	408	47.3	152	17.6	177	20.5	55	6.5	3	.3			862	100
Brokerage & Liaison	44	10.1	98	22.5	141	32.4	136	31.3	14	3.2	2	.5			435	100
Placement Activities	0	0	4	11.8	3	8.8	25	73.5	2	5.9					34	100
Therapy	624	8.2	2028	26.8	1189	15.7	2738	36.1	846	11.3			151	1.9	7576	100
Indirect Services	698	8.8	2966	37.3	2662	33.5	919	11.6	636	8.0	68	.8			7949	100
TOTAL	1565	8.1	6511	33.9	4971	25.9	4271	22.2	1658	8.6	99	.5	151	.8	19226	100





## INSPECTION DIVISION

### ANNUAL REPORT FOR 1981

I have the honour to report on the activities of the Inspection Division during 1981.

#### STATISTICS:

As noted in our statistics, the percentage of inspections of scheduled premises was 84% compared to 88% in 1980, which was due to two causes.

The one being that, one inspector had to involve much of her time to the inspection and reporting of 2nd Level Lodging Houses, which will be mentioned later in this report, and the other was one inspector was ill for 99 working days during this year.

We received 7,786 complaints this year, compared to 7,738 last year, which signifies very little change in this department. The license applications increased to 1,346 from 1,262, indicating business as usual in this ambitious City. However, as you will note our total inspections for the year shows a decrease from 42,521 to 39,492 due to the aforementioned reasons. These figures give an indication that when we do not have a full staff complement, and when the other programs take precedence, our scheduled premises have to take a back seat.

#### 2nd LEVEL LODGING HOUSES:

This was a year when we began inspecting 2nd Level Lodging Houses, as license applications arrived from City Hall. It has taken one inspector half of her time to process these applications by inspecting, re-inspecting, and attending on complaints.

The 2nd Level Lodging House By-law has increased our work load to a level that could almost be considered a full time job if they were inspected once a month as regulated. We have been working closely with the Nursing Division with regards to these. One such premises caused great concern for both Inspection and Nursing Divisions, when we were made aware that the owners and staff, due to financial difficulties, had to vacate the lodging house, and another operator was given charge. This quick change-over of management and staff was very disconcerting to the residents, and we had to go into the premises on two such occasions to assure that some kind of care was being given to the elderly people during this state of flux.

#### U.F.F.I.:

When Urea Formaldehyde Foam Insulation was determined to be detrimental to health by the Federal Government if readings were found to be higher than 0.1 parts per million in a permanently occupied premises, we purchased a Dräger Kit and test tubes to do a U.F.F.I. test in homes

on request. We did 60 such tests with this equipment.

However, our testing equipment would only show a minimum reading of 0.5 parts per million, which although not considered highly dangerous, it still did not give us as fine a reading as desired.

We were then advised by the Ministry of Health, to report all requests for tests to them, and they in turn would notify the Department of Labour, who had more sophisticated equipment.

After receiving 558 complaints and turning these complaints over to the Provincial Ministry of Labour, the Federal Government advised the Ministry of Health that they would now do all the tests because they felt their testing was more accurate than the Ministry of Labour's. Now all calls are referred to the Federal Department of Consumer and Corporate Affairs.

#### SURVEYS:

Several environmental surveys were done this year in municipalities that do not have the services of municipal sewers and water; these being the villages of Mount Hope, Lynden and Sheffield. The results of these surveys revealed many of the wells required repairs and/or automatic chlorination equipment. Some septic tank systems were found to be defective, which since have been corrected.

Along with these, a rather extensive survey was done in the eastern extremity of Stoney Creek to determine the consequences of septic tank effluent runoff into the various streams that enter Lake Ontario. The Stoney Creek areas have municipal water so there was no problem in the drinking water. It was determined that the creek beds were contaminated to some degree at the base of the mountain, indicating that farm land to the south of the built up areas was part of the cause of bacterial growth in the water.

#### SCHOOLS:

The janitorial strike of the City of Hamilton and Wentworth County Boards of Education in the latter part of the year kept our phones busy. Many of the complaints were managed by a phone call from this office directly to the Boards of Education.

We formulated a plan under the direction of the Medical Officer of Health to inspect only on certain specific complaints, which in most cases were well justified. However, we had excellent co-operation from the Boards, and quick action was taken on all reported complaints, and although teachers and students were certainly inconvenienced, there were no serious health problems.

#### COMMUNICABLE DISEASE:

We investigated 202 communicable disease cases, with 127 of these being salmonella. The others were enteric diseases, such as shigellosis, amoebiasis and campylobacter. Thirty two cases of infectious hepatitis were also investigated separately. One food poisoning investigation involving



twenty out of 52 persons attending a confirmation dinner in a community outside the Region, was catered to by a local food processor. The salmonella infection was traced to two of the catering personnel as carriers of salmonella and immediate steps were taken to prevent a recurrence.

Another episode involved seven diners at a local restaurant, all became ill and two with confirmed salmonella. Here again, some of the food handlers were carriers of salmonella. Preventative measures were started at once.

#### PART VII ENVIRONMENTAL PROTECTION ACT:

Due mainly to the bear market in real estate in this area, there was less activity in the processing of applications for sub-divisions and land severances. We did however, have just as many applications for Certificates of Approval for individual septic tank systems as the previous year, and we were able to limit the elevated beds to a minimum, and have had good success with our inground oversized beds.

Several meetings were held with sewage haulers in this Region to determine a policy for formulating regulations and guidelines for Class 7 Sewage Systems, that being sewage that is spread over the ground. A considerable amount of time and work has been involved in this program, and early in 1982 we hope to have the final draft and begin issuing Certificates of Approval for Class 7 systems.

#### SUMMARY:

1981 was a busy year, which seems to have passed too quickly. I wish to thank the inspection staff for their usual co-operation, the Medical Officer of Health and his Associate, the Management Team, and the Board of Health for their help and understanding.

Respectfully,

A.A. Tomlinson, C.P.H.I.(C)  
Director of Inspection Service

COURT CASES 1981

Type of Premises	Charge	Outcome
1. Dwelling	Public Health Act	Plea of Guilty / \$100.00
2. Dwelling	Public Health Act	Plea of Guilty / \$100.00
3. Dwelling	Public Health Act	Plea of Guilty / \$100.00
4. Dwelling	By-Law	Guilty / \$200.00
5. Dwelling	By-law	Guilty / \$200.00
6. Dwelling	Public Health Act	Guilty, but Appeal was lost
7. Dwelling	By-law	Guilty / \$100.00
8. Dwelling	Environmental Protection Act	Withdrawn
9. Dwelling	By-law	Guilty, but Appeal was lost
10. Dwelling	By-law	Withdrawn
11. Dwelling	By-law	Guilty / \$150.00
12. Food Premises	Public Health Act	Withdrawn
13. Dwelling	By-law	Guilty / \$300.00
14. Food Premises	Public Health Act	Plea of Guilty / \$100.00
15. Dwelling	By-law	Guilty / \$250.00
16. Dwelling	By-law	Withdrawn
17. Dwelling	Public Health Act	In absentia - Guilty, \$250.00 - Appeal Dismissed
18. Dwelling	Environmental Protection Act	Guilty / \$500.00
19. Dwelling	Environmental Protection Act	Guilty / \$500.00

Type of Premises	Charge	Outcome
20. Dwelling	Environmental Protection Act	In absentia - Guilty / \$150.00
21. Dwelling	By-law	In absentia - Guilty / \$150.00
22. Dwelling	Public Health Act	Withdrawn
23. Dwelling	By-law	In absentia - \$300.00
24. Dwelling	By-law	Withdrawn
25. Food Premises	Public Health Act	Guilty / \$150.00
26. Dwelling	Public Health Act	Guilty / \$100.00
27. Dwelling	By-law	Plea of Guilty / \$600.00
28. Dwelling	By-law	Guilty / \$300.00
TOTAL CASES.....28		
TOTAL FINES.....\$3,760.00		

### SWAB REPORTS

#### TOTAL NUMBER OF CULTURE SWABS FROM EATING AND DRINKING UTENSILS, 1981

Quarter	Bars And Beverage Rooms		Eating Establishments		Total	
1st Quarter	318	(344)	931	(947)	1249	(1291)
2nd Quarter	348	(308)	889	(917)	1237	(1225)
3rd Quarter	333	(392)	718	(813)	1051	(1205)
4th Quarter	305	(357)	746	(982)	1051	(1339)
TOTALS	1304	(1401)	3284	(3659)	4588	(5060)

\* Numbers in brackets are for 1980

### RECAP OF RABIES EXAMINATIONS

Animals	Negative		Positive	
Dogs	12	(19)	1	(2)
Cats	38	(28)	4	(2)
Farm Animals	14	(11)	3	(5)
Foxes	3	(3)	4	(10)
Skunks	7	(9)	2	(13)
Bats	12	(17)	2	(13)
Other	33	(13)	2	(0)
TOTALS	119	(98)	18	(28)

\* Numbers in brackets are for 1980



RECAP OF SCHEDULED PREMISES FOR 1981

District	Number of Scheduled Premises	Inspections Scheduled To Date	Number of Calls Made	Completion Rate
1. West Hamilton	257 (260)	1284	1127 (1202)	88% (93%)
2. Central Hamilton	254 (258)	1150	861 (1102)	75% (93%)
3. Central Hamilton	247 (242)	1412	1246 (1273)	88% (93%)
4. Central Hamilton	240 (191)	1080	636 (817)	59% (86%)
5. Central Hamilton	171 (186)	834	640 (650)	77% (69%)
6. Central Hamilton	226 (194)	1199	954 (965)	80% (89%)
7. East End	178 (219)	842	736 (906)	87% (92%)
8. East End	171 (168)	854	686 (696)	80% (80%)
9. East End	187 (183)	852	813 (811)	95% (99%)
10. East End	238 (239)	1120	1160 (957)	104% (91%)
11. County	275 (233)	1321	948 (937)	72% (76%)
12. East Mountain	166 (235)	813	722 (1009)	89% (95%)
13. Central Mountain	226 (275)	829	752 (1150)	91% (89%)
14. County	95 (89)	444	400 (329)	90% (84%)
15. County	158 (146)	841	794 (715)	94% (89%)
16. County	179 (177)	886	654 (598)	74% (75%)
17. Miscellaneous	51 (50)	408	394 (397)	97% (96%)
18. West Mountain	189 (0)	873	811 (0)	93% (0%)
TOTAL	3,508(3345)	17,042	14,334(14,514)	84% (88%)
AVERAGES	195 (197)	947	796 (854)	84% (88%)

\* Numbers in brackets are for 1980

TOTAL INSPECTIONS FOR YEAR 1981

Dist. No.	Sched. Food Insp.	R	Sched. Other Insp.	R	Complaints	R	Lic. Insp.	R	Other Visits	R	Septic Tanks	R	Compl. Septic Tanks	TOTALS
1	970	25	163	1	453	284	86	87	141	42	2	0	0	2254
2	847	30	91	7	618	251	130	49	443	45	5	0	0	2506
3	1105	219	106	8	425	175	85	51	363	4	0	0	0	2541
4	504	117	81	23	590	459	110	83	260	0	1	0	0	2228
5	720	31	128	1	1027	387	191	29	191	6	0	0	0	2711
6	751	69	147	4	725	512	157	37	285	23	0	0	0	2710
7	697	36	120	0	329	203	32	17	208	0	0	0	0	1642
8	621	83	62	6	517	415	112	110	272	25	0	0	0	2223
9	968	71	247	2	392	161	25	36	290	8	0	0	0	2200
10	1160	42	105	0	463	246	102	37	222	38	1	1	0	2417
11	1028	199	60	5	299	240	44	15	437	22	56	58	1	2464
12	761	30	144	1	451	305	57	74	375	14	128	7	8	2355
13	819	105	150	8	445	298	54	55	379	87	97	13	1	2511
14	386	22	73	4	56	59	19	37	251	27	23	33	4	994
15	685	78	243	29	232	74	35	1	333	34	251	165	35	2195
16	700	23	205	14	254	81	56	0	281	8	323	41	181	2167
17	398	0	86	0	251	0	9	0	1105	3	0	0	0	1852
18	740	45	106	5	259	75	42	7	224	18	1	0	0	1522
TOTAL	13860	1225	2317	118	7786	4225	1346	725	6050	404	888	318	230	39492

# FINANCIAL STATEMENT OF THE BOARD OF HEALTH

JANUARY 1, 1981 TO DECEMBER 31ST, 1981

## REVENUE:

### Province of Ontario

Public Health Grant (Ministry of Health) .....	\$ 2,945,045
Child and Adolescent Clinic Grant (Ministry of Community and Social Services) .....	771,773
Mosquito Control Grant (Ministry of Health) .....	9,200
Sick Leave Grant (Ministry of Health) .....	43,997
Dental Treatment Grant (Ministry of Health) .....	88,653

### City of Hamilton

Dental Treatment Grant .....	206,435
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<u>Regional Municipality of Hamilton-Wentworth</u> .....	956,664
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### Fees For Service:

Immunization .....	2,130
Recoveries from Family Planning .....	29,401
Home Care .....	39,001
C.S.V.R. ....	18,632
Pre-natal Clinic Fees .....	11,340
Septic Tank .....	9,265
Land Severance & Septic Tank Inspections .....	45,461

\$ 5,176,997

Planned Parenthood Centre Revenue .....	126,485
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# FINANCIAL STATEMENT OF THE BOARD OF HEALTH

JANUARY 1, 1981 TO DECEMBER 31ST, 1981

## EXPENDITURES:

Executive Services .....	\$ 161,522
General Administration .....	361,558
Nutrition Programme .....	34,883
Nursing Administration .....	491,992
Nursing Service .....	2,027,387
Nursing Services - Pre-natal Clinics .....	8,932
Nursing Services - C.S.V.R. Programme .....	18,632
Nursing Services - Home Care Programme .....	19,426
Nursing Services - Family Planning Programme .....	29,401
Inspection Services .....	672,537
Inspection Services - Ministry of the Environment Programme.	16,466
Inspection Services - Mosquito Control Programme .....	12,268
Dental Prevention .....	196,092
Dental Treatment .....	295,512
Retirement - Sick Leave .....	58,616
Child & Adolescent Clinic .....	771,773
	<hr/>
	\$ 5,176,997
	<hr/>
Planned Parenthood .....	126,485

## PER CAPITA COSTS

<u>YEAR</u>	<u>POPULATION SERVED</u>	<u>3 LEVEL PARTICIPATION</u>	<u>COST PER CAPITA</u>
1981	411,445	5,176,997	\$12.58
1980	412,000	3,907,317	\$ 9.48



CERTAIN COMMUNICABLE DISEASES REPORTED - ALL AGES

<u>DISEASES</u>	<u>DATE LAST REPORTED</u>	<u>CASES 1980</u>	<u>CASES 1981</u>	<u>DEATHS</u>
Diphtheria .....		1	0	
Dysentery (a) Amoebic .....		7	12	
(b) Bacillary .....		12	4	
(c) Unspecified & Other .....		0	0	
Encephalitis (a) St. Louis .....	1975	0	0	
(b) Unspecified .....		0	0	
(c) Infectious .....		0	0	
Gastroenteritis (a) Staphylococcus Intoxication .....		0	0	
(b) Campylobacter .....		14	18	
(c) Salmonella .....		89	121	
(d) E Coli .....		1	2	
Hepatitis (a) Infectious & Serum .....		12	23	
(b) Other & Unspecified .....		4	9	
Legionnaire's Disease .....	1978	0	0	
Malaria .....		5	6	
Measles (a) Rubella (German) .....		2	2	
(b) Rubella (Red) .....		32	2	
Meningitis, Viral or Aseptic				
(a) due to Poliovirus .....		0	0	
(b) due to Mumps .....		0	0	
(c) due to Diplococcus Pneumonia.		1	3	
(d) Staphylococcal .....		0	0	
(e) Hemophilus Influenzae .....		4	5	
(f) E. Coli .....		0	0	
(g) Other & Unspecified .....		12	9	
Meningococcal Infections .....		3	2	
Pertussis (Whooping Cough) .....		32	23	
Poliomyelitis .....	1959	0	0	
Reye's Syndrome .....		1	1	
Scarlet Fever & Streptococcal Sore Throat		22	3	
Tuberculosis, New Cases (a) Pulmonary ...		26	25	1
(b) Other .....		10	15	
Typhoid & Paratyphoid Fever				
(a) Typhoid .....		3	1	
(b) Paratyphoid .....		0	1	



# VENEREAL DISEASE

## TOTAL CASES REPORTED IN 1981 (from all sources)

AGE GROUP	GONORRHEA			SYPHILIS				
	MALE	FEMALE	TOTAL	PERCENT	MALE	FEMALE	TOTAL	PERCENT
0 - 19 years	73	157	230	(27.9)	-	-	-	-
20 - 24 years	150	162	312	(37.9)	2	1	3	(11.5)
25 - 39 years	148	99	247	(30.0)	8	1	9	(34.6)
40 + years	23	9	32	( 3.9)	10	2	12	(46.2)
Not Stated	4	12	16	( 1.9)	2	-	2	(11.5)
TOTALS	398	439	837	(100)	22	4	26	(100)
(%)	(47.6)	(52.4)	(1.0)		(81.8)	(18.2)		
1980 TOTALS	400	424	824		19	22	41	

## 1981 CLINIC INFORMATION

	1981	1980
Total attendance at Special Treatment Clinic .....	2386	2274
Total New Patients (1st attendance) .....	1049 (100%)	1092 (100%)
- Diagnosed as Gonorrhea .....	279 ( 26%)	275 (25.2%)
- Diagnosed as Syphilis .....	6 (0.6%)	9 (0.8%)
Herpes reports .....	1 male and 13 female = Total 14.	





# APPENDIX "A"

## DEMOGRAPHIC SUMMARY

LAST AVAILABLE FIVE YEARS - 1977 - 1981

Year	Population	<u>Live Births</u>		<u>Total Deaths</u>		<u>Natural Increase</u>	
		Number	Rate (1)	Number	Rate (1)	Number	Rate (1)
1977	411,128	5,587	13.6	3,215	7.81	2,372	5.79
1978	414,918	5,571	13.4	3,309	8.0	2,262	5.4
1979	416,311	5,471	13.1	3,210	7.7	2,261	5.4
(2)1980	412,000	5,194	12.6	3,217	7.8	733	1.8
(2)1981	411,445	5,274	12.8	3,053	7.4	2,221	5.3

LAST AVAILABLE FIVE YEARS - 1977 - 1981

LIVE BIRTHS, MATERNAL, INFANT MORTALITY & STILLBIRTHS

Year	Live Births	<u>Infant Deaths</u>		<u>Stillbirths</u>	
		Number	Rate	Number	Rate
1977	5,587	61	10.9	44	7.9
1978	5,571	70	12.6	69	12.4
1979	5,471	54	9.9	6	1.1
(2)1980	5,194	28	5.4	44	8.5
(2)1981	5,274	20	3.7	32	6.0

(1) Per thousand population

(2) Provisional data

(3) Reference: 'Some Vital Statistics' prepared by Province of Ontario



STAFFING PATTERN - 1977 - 1981

	<u>1977</u>	<u>1978</u>	<u>1979</u>	<u>1980</u>	<u>1981</u>
Nutritionist .....	-	-	-	-	1
Nursing Supervisors .....	5	5	5	6	7
Nursing Staff .....	69	75	74	80	82
Nursing Administration .....	2	2	2	2	2
Public Health Inspectors .....	17	18	18	18	18
Public Health Inspection Administration ....	2	2	2	2	2
Dental Staff .....	17	15	15	20	20
Clerical/Administration Staff .	24	25	26	24	27
Child & Adolescent Clinic .....	17	16	16	16	17
Medical Officer of Health,etc..	2	2	2	2	2
	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
TOTALS	155	160	160	171	178
Part Time Staff	24	21	21	13	22
	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
GRAND TOTALS	179	181	181	184	200
	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

Hamilton-Wentworth Regional Health Unit purchases clinical service from the Planned Parenthood Centre and provides fiscal services to the Centre.







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